2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 23, 2004 08:00 AM Secretary of State **DOCUMENT # F38299** 1. Entity Name JOSE PEDRO HERNANDEZ GALA, M.D., P.A. Principal Place of Business Mailing Address 539 NW 130TH AVENUE MIAMI FL 33182 539 NW 130TH AVENUE MIAMI FL 33182 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2113248 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ GALA, JOSE P 539 NW 130TH AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33182 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and this if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete ☐ Change Addition TITLE MLE U00000062054 02/23/04-80106-018 150.00 HERNANDEZ GALA, JOSE P MAME NAME STREET ADDRESS 1010 S.W. 8TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Delete__ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Delete TITLE ☐ Change Addition me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete Спапое Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP City-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED